

Foster Family Home - Corrective Action Report

Provider ID: 1-594045

Home Name: Marizel Bolosan, CNA

Review ID: 1-594045-9

98-1524 Hoomahie Loop

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 12/8/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#3's Ecrim lapsed on 7/24/2020 and renewed on 11/6/2020. CG#4's APS/CAN expired on 7/19/19 and Ecrim expired on 4/19/2020 and no renewals/results seen in CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No evidence of CG#4 of having had the confidentiality policies and procedures and client privacy rights training.

Foster Family Home - Corrective Action Report

Foster Family Home	Personnel and Staffing	[11-800-41]
41.(b)(6)	Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.	

Comment:

41.(b)(6)- Per Department of Planning and Permitting Record, CCFFH is zoned as a Single Family Unit and permitted for 5 bedrooms, 3 Full Baths, and 1 halfbath. There were 6 bedrooms, 3 Fullbaths, and 1 halfbaths seen during CCFFH's inspection. There was an excess of 1 bedroom that was not properly permitted for. CG#1 unable to provide a permit for the excess bedroom.

41.(b)(7)- CG#4's TB clearance expired on 2/27/19 and no renewal seen in CCFFH's binder.

41.(b)(8)- CG#3's Blood Borne Pathogen/Infection Control training expired on 1/17/20 and CG#4's Blood Borne Pathogen and Infection Control training also expired on 1/17/20 without current renewals seen in CCFFH binder. CG#4's CPR/ Basic First Aid were expired on 9/3/19; no renewals seen in CCFFH binder.

41.(c)- CG#2 and CG#4 both have zero hour of annual in-service trainings.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.	

Comment:

(3P)(b)(2)Staff- No documentation in the Sign In/Out Sheets since 11/26/2018.

Foster Family Home	Client Care and Services	[11-800-43]
43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.	

Comment:

43.(c)(3)- No evidence of RN Basic Skills Delegation for CG#2, CG#3, and CG#4 on Client #3.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
(3P)(b)(1) Fire	shall be conducted monthly	
(3P)(b)(6) Fire	shall include all SCGs at least once per year	

Comment:

(3P)(b)(1)Fire, (b)(6)Fire- No completed Monthly Fire Drills since 12/21/2018 till present. CG#1, CG#2, CG#3, and CG#4 had not conducted a Fire Drill for the past 24 months.

Foster Family Home - Corrective Action Report

Foster Family Home	Physical Environment	[11-800-49]
49.(a)(4)	Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;	
49.(b)(3)	Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.	
49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.	

Comment:

49.(a)(4)- 2 emergency exit doors - back door and side of the house near clients' dining area were obstructed with multiple household clutters hindering a clear pathway in the event of an emergency.

49.(b)(3)- CG#1's bedroom was located further down on the opposite side of the CCFFH. No call system/monitoring devices were seen in Client #1, Client #2, and Client #3's bedrooms preventing the primary caregiver and substitute caregivers in timely intervention in the event of an emergency or nighttime needs.

49.(c)(3)- Client #2 and Client #3's bedroom windows were obstructed with multiple household items preventing the fresh air from circulating inside the clients' rooms.

Foster Family Home	Quality Assurance	[11-800-50]
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50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#3, and CG#4 were without evidence of having been trained in the CCFFH's Emergency Preparedness Plan.

Foster Family Home	Records	[11-800-54]
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54.(b)(1)	Permit effective professional review by the case management agency, and the department; and	
54.(c)(2)	Client's current individual service plan, and when appropriate, a transportation plan approved by the department;	
54.(c)(5)	Medication schedule checklist;	
54.(c)(6)	Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;	

Comment:

54.(b)(1)- Noted CG#1 searching for clients' documents at different areas as clients' records/documents were not properly filed in the clients' charts.

54.(c)(2)- Service Plan in Client #1's chart/binder was expired on 12/11/18.

54.(c)(5)- No Medication Administration Record was initiated for the months of November 2020 and December 2020 for Client #1, Client #2, and Client #3.

A medication was not transcribed for Client #3's Medication Administration Record.

54.(c)(6)- Last documented written progress notes for Client #1 was on 11/25/19 and for Client #2, last progress note was on 11/17/19.

ADL's/Daily Care Flowsheet for Client #1 was last signed on 12/2019; Client #2's was on 11/2019 and Client #3's was on 10/28/2020.

Last documented RN Summary Visit for Client #1 was on 9/24/19.

Therick Nakawine, RN
Compliance Manager

Maribel C. Polson
Primary Care Giver

12/8/2020
Date

12/8/20
Date

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marizel Bolosan
 CCFFH Address: 98-1524 Hoomahie Loop Pearl City Hi. 96782
 (PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	Lapse cannot be corrected for CG#3. Result was filed in CCFFH binder	11/06/20	Home will utilize a calendar to schedule due dates 1 month advance to prevent future lapses.
8.(a)(2)	CG#4 obtained a current APS/CAN/Ecrim. Result was filed in CCFFH binder.	12/9/20	Home will utilize a calendar to schedule due dates 1 month advance to prevent future lapses.
16. (b) (5)	CG#1 trained CG#4 with the CCFFH's confidentiality Policies and Procedures and Client Privacy Rights Training.	12/09/20	In the future, all new caregivers will be trained in the Confidentiality Policies/Procedures and Client Privacy rights within 10 days of adding them to home.
41.(b) (7)	CG#4 TB clearance screening completed. Copy filed in CCFFH binder.	12/9/20	Caregivers will obtain TB clearance within one month of expiration date. In the future, caregivers shall check CCFFH binder on a monthly basis to avoid lapse.
41. (b) (8)	CG#3, CG#4 Blood Borne Pathogen/Infection Control training obtained. Copy filed in CCFFH binder.	12/9/20	Home will use calendar to identify when requirements are due to prevent them from expiring.

☒ All items that were fixed are attached to this CAP
PCG's Signature: Marizel BolosanDate: 1/8/21
☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Marizel Bolosan

(PLEASE PRINT)

CCFFH Address: 98-1524 Hoomahie Loop Pearl City HI 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.b.6	Found the copy of the building permit from my filing cabinet.	1/26/21	I will create a single folder with label to be filed in my filing cabinet for easy access when it is needed.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Marizel Bolosan

Date: 1/26/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARIZEL BOLOSAN

(PLEASE PRINT)

CCFFH Address: 98-1524 Hoomahie loop, Pearl City, HI 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(c)	CG#2 and CG#4 in-service training were completed and copies of certificates were filed in the binder.	12/28/20	Caregivers must attend in-service trainings and certificates must be filed in the binder immediately after the training.
3P(b)(2)	Sign-In/Out Sheets filled by CG#1 before going out. Copies filed in a binder.	12/9/20	PCG must sign out and fill out the Sign-In/Out log before leaving the home and endorse to the SCG and sign in upon returning every time she goes out/in.
43.(c)(3)	CG#2, CG#3, and CG#4 RN basic Delegation were done by the client's CMA. Copies of the delegations were filed in the client's binder.	12/26/20	Home will notify client's CMA that RN delegation needs to be done within a week of a caregiver being added to home.
3P(b)(1)	CG#1 conducted December 2020 Firedrill.	12/15/20	Home will tract of monthly Fire Drill by assigning each caregiver on a schedule and check the binder monthly to avoid and lapse or delay, SCG shall conduct a fire drill at least once a year.
3P(b)(6)	CG#2 scheduled Fire Drill for Jan. 2021 CG#3 scheduled Fire Drill for Feb. 2021 CG#4 scheduled Fire drill for Mar. 2021		

☒ All items that were fixed are attached to this CAPPCG's Signature: Marizel BolosanDate: 1/8/21☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Nakamine, RNCommunity Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Marizel Bolosan

CCFFH Address:

98-1524 Hoornahie Loop Pearl City HI 96782

(PLEASE PRINT)

(PLEASE PRINT)

Rule Number	Corrective Action Taken -- How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy -- How will you prevent each violation from happening again in the future?
49.(a) (4)	The obstructions to the emergency exit doors were cleared.	12/9/20	In the future, home make it a point that no obstructions will block the emergency doors.
49.(b) (3)	Call bells and/or baby monitors were provided to Client #1, Client #2, and Client #3	12/9/20	Home always check that the call bell is accessible to the clients and/or the baby monitor is set-up and properly working
49.(c) (3)	The household items obstructing Client #2 and Client #3 windows were removed	12/9/20	Home will make sure that no items will block or obstruct the windows at all the time.
50.(a)	CG#2, CG#3, and CG#4 evidence of Emergency Preparedness Training was filed in the CCFFH binder	12/9/20	Home will be responsible to caregiver to receive training within 24hrs of being added to the home.
54.(b) (1)	CG#1 filed clients' records/documents in the right section of the client's binders.	12/12/20	Home should always be organized on the filing of records/documents in the right section of clients' binder.



All items that were fixed are attached to this CAP

PCG's Signature:

Marizel Bolosan

Date:

1/8/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marizel Bolosan

(PLEASE PRINT)

CCFFH Address: 98-1524 Hoornahie Loop Pearl City Hi. 96782

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (2)	Client's Service Plan for client #1 is filed in the Client's binder	1/4/20	Notify CMA to update Service Plan one month prior to expiration.
54.(c) (5)	Client #1, #2, and #3 Medication Administration Record updated.	12/9/20	Once medications are administered to client(s) caregiver shall log it in the Medication Administration Record (MAR) immediately to maintain an updated record at all times
54.(c) (6)	Charting for the ADLs/Daily Care Flowsheet for Client #1, #2, and #3 are being done daily after the visit.	12/9/20	All charting shall be recorded on a daily basis to prevent missing records.
	Progress notes for Client #1 and Client #2 were done once a week or as needed.	12/9/20	Caregiver should always write notes when there are changes on the client's status and at least once a week.
	RN summary visits notes for Client	12/28/20	Get a copy after the monthly visit.

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